

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G13098

FILED  
Oct 10, 2005  
Secretary of State

Entity Name: NORTH FLORIDA CHEST PHYSICIANS, P.A.

## Current Principal Place of Business:

425 N LEE ST  
STE 203  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

425 N LEE ST  
STE 203  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-2237411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENTZ, WILLIAM M  
425 N LEE ST  
STE 203  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM M. MENTZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: MENTZ, WILLIAM M.,  
Address: 425 N. LEE ST., STE. 203  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete  
Name: WYZAN, DANIEL  
Address: 425 N. LEE ST., STE. 203  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD (X) Delete  
Name: KRAWTZ, STEVEN  
Address: 425N N. LEE ST., STE 203  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENTZ, WILLIAM M.,  
Address: 425 N. LEE ST., STE. 203  
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change ( ) Addition  
Name: WYZAN, DANIEL  
Address: 425 N. LEE ST., STE. 203  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL S. WYZAN

V

10/10/2005

Electronic Signature of Signing Officer or Director

Date